

Unified Carrier Registration – Year 2008

Idaho Transportation Department Commercial Vehicle Services – Motor Carrier
PO Box 7129 Boise ID 83707-1129 Phone: 208-334-8611; Fax: 208-334-2006



➔ Register online at: www.ucr.in.gov (This form is not required when registering online)

SECTION 1. General Information

| | | | | |
|---|-----------------|--------------------------|------------------|------------|
| USDOT Number | MC or MX Number | FF Number | Telephone Number | Fax Number |
| Legal Name | | | E-Mail Address | |
| Doing Business Under the Following Name (DBA) | | | | |
| Principal Place of Business Street Address (See Instructions) | | | | |
| Principal Business City | | Principal Business State | Zip Code | |
| Mailing Street Address | | | | |
| Mailing City | | Mailing State | Mailing Zip Code | |

SECTION 2. Classification – Check All That Apply

| | | | | |
|--|--|---------------------------------|--|--|
| <input type="checkbox"/> Motor Carrier | <input type="checkbox"/> Motor Private Carrier | <input type="checkbox"/> Broker | <input type="checkbox"/> Leasing Company | <input type="checkbox"/> Freight Forwarder |
|--|--|---------------------------------|--|--|

SECTION 3. Fees Due-Brokers, Freight Forwarders and Leasing Companies Only

Note: If your company is also a motor carrier or motor private carrier, skip this section and go to Section 4.

Brokers, freight forwarders and leasing companies (not a motor carrier combination), submit the amount due of \$39 by check payable to “State of Idaho,” or credit card (MasterCard or VISA, include cardholder name and expiration date) and go to Section 7.

SECTION 4. Number of Motor Vehicles (Motor Carrier & Motor Private Carrier)

Check only one box:

- ☐ The number of vehicles shown below have been taken from Section 26 of your last reported MCS-150 form.
- ☐ The number of vehicles shown below is the total number owned and operated for the 12-month period ending June 30, 2007.

Enter the appropriate number of vehicles in each column, then enter the total of Columns A, B and C in Column D:

| Column A | Column B | Column C | Column D |
|--------------------------------------|--------------------|--|---------------------------|
| Number of straight trucks & tractors | Number of trailers | Number of motor coaches, school buses, mini-buses, vans & limousines | Total of Columns A, B & C |
| | | | |

- (Optional) Under this program you may subtract any vehicles in Column A or B above that you have reported on your MCS-150 form that are used only in intrastate commerce. Indicate the number of Intrastate-only vehicles to subtract from Column D: _____
- (Optional) You may add vehicles that have not been shown on the MCS 150 form that are defined as commercial motor vehicles operating solely in intrastate commerce; and/or other self-propelled motor vehicles operating in intrastate or interstate commerce that: have a gross vehicle weight rating or gross vehicle weight of 10,000 lbs or less, or a passenger capacity of 10 or less, including the driver; are used on the highways in commerce; and transport passengers or property for compensation. Indicate the number of Intrastate-only vehicles to add to Column D: _____
- Total Number of Vehicles Subject to UCR Fees (*Column D minus Line 1 plus Line 2*): _____

SECTION 5. Fee Table

| Number of Vehicles | Amount Due | Number of Vehicles | Amount Due | Number of Vehicles | Amount Due |
|--------------------|------------|--------------------|------------|--------------------|------------|
| 0-2 | \$39 | 6-20 | \$231 | 101-1,000 | \$3,840 |
| 3-5 | \$116 | 21-100 | \$806 | 1,001 or more | \$37,500 |

SECTION 6. Fees Due (Motor Carrier & Motor Private Carrier)

Using the number of vehicles in Section 4, Line 3 above, enter the Amount Due from the fee table. Payment can be made by check, payable to “State of Idaho” (write your USDOT number on the check), by VISA or MasterCard (provide the cardholder name, card number and expiration date on a separate sheet).

\$

SECTION 7. Certification

I, the undersigned, under penalty for false statement, certify that the above information is true and correct and that I am authorized to execute and file this document on behalf of the applicant. (Penalty provisions subject to the laws of the registration state.)

| | | |
|--|--|-------|
| Name of Owner or Authorized Representative (Printed) | | Date |
| Signature | | Title |